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CONFIRMATION NO. 1254

<b>SERIAL NUMBER</b> 10/646,770	<b>FILING OR 371(c) DATE</b> 08/25/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PF132P3D2
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/717,209 11/22/2000 PAT 6,673,344 which is a DIV of 08/613,822  
 02/23/1996 PAT 6,174,995  
 which is a CIP of PCT/US94/09484 08/23/1994  
 and is a CIP of 08/462,967 06/05/1995 ABN  
 and is a CIP of 08/458,355 06/02/1995 PAT 5,981,230

OK PM 6/27/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none PM 6/27/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature <u>PM 6/27/06</u> Initials				

## ADDRESS

22195

## TITLE

Antibodies to MCP-4

<b>FILING FEE RECEIVED</b> 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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